



## Kitchen use Contract and Release from Liability

**Liability:** I understand that if I am injured while acting as an unpaid member of the staff, I must depend on my own health insurance to provide for my care. I acknowledge that I am not an employee of City of McComb or the City of McComb Department of Recreation with respect to the matters covered by this document and, accordingly, I am not covered by Mississippi State Worker's Compensation Law.

**KITCHEN DUTIES AND HAZARDS:** I am aware that working in the kitchen can be a potentially hazardous activity. Those hazards include, but are not limited to, injuries from slips and falls; back injuries from lifting and standing; burns and cuts. I am voluntarily participating in these activities with the knowledge of the danger involved and therefore agree to personally accept, and be responsible for, all risks of injury or death and confirm this statement by **placing my initials here:** \_\_\_\_\_.

**RELEASE:** As consideration for being permitted by the City of McComb and the City of McComb Department of Recreation to participate in these activities and the use of their facilities, I hereby agree that I, my assignees, heirs, spouses, guardians, and legal representatives will not make a claim against, sue, or attach the property of the City of McComb and the City of McComb Department of Recreation or any of its agents, directors, employees, representatives, contractors, or volunteers from injury or damage resulting from the negligence or other acts, however caused, by any agent, director, employee, representative, contractor or volunteer of the City of McComb and the City of McComb Department of Recreation as a result of my participation. I hereby furthermore release the City of McComb and the City of McComb Department of Recreation and its agents, directors, employees, representatives, contractors, and volunteers from all actions, claims, or demands that I, my assignees, heirs, spouses, guardians, and legal representatives now have or may hereafter have from injury or damage, whether currently known or unknown, resulting from my participation. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to discharge in advance their respective successors and assigns from and against any and all liability arising out of or connected in any way with the City of McComb and the City of McComb Department of Recreation property, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above mentioned, or any other cause.

I HAVE CAREFULLY READ THIS CONTRACT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF MCCOMB AND THE CITY OF MCCOMB DEPARTMENT OF RECREATION, AND I SIGN IT OF MY OWN FREE WILL.

Name (please print)\_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_

Address:\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ E-mail\_\_\_\_\_